



**Flathead County**  
**Planning & Zoning**  
1035 1<sup>st</sup> Ave W, Kalispell, MT 59901  
Telephone 406.751.8200 Fax 406.751.8210

**ZONING ADMINISTRATOR INTERPRETATION APPEAL APPLICATION**

*Submit this application, all required information, and appropriate fee (see current fee schedule)  
to the Planning & Zoning office at the address listed above.*

**FEE ATTACHED \$** \_\_\_\_\_

*Before completing this application please read instructions on page 2.*

**1. APPELLANT:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**3. TECHNICAL/PROFESSIONAL ASSISTANCE:** *(If applicable)*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**4. DATE OF INTERPRETATION:** \_\_\_\_\_

**5. HOW IS THE APPELLANT ASSOCIATED WITH THE INTERPRETATION:**

\_\_\_\_\_

**6. LEGAL DESCRIPTION:** *(if interpretation pertains to a specific property)*

Subdivision *(if applicable)* \_\_\_\_\_ Lot/Tract(s) \_\_\_\_\_  
Assessor # \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**7. ZONING DISTRICT:** \_\_\_\_\_ **ZONING DESIGNATION:** \_\_\_\_\_

**8. ZONING ADMINISTRATOR INTERPRETATION:** *(briefly summarize)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **HOW HAS THE APPELLANT BEEN SPECIFICALLY AGGRIEVED BY THIS INTERPRETATION:**

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10. **HOW DOES THE APPELLANT FEEL THE ZONING ADMINISTRATOR ERRED IN THIS INTERPRETATION:**

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*I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as part of this appeal, to be true, complete, and accurate to the best of my knowledge.*

\_\_\_\_\_  
Appellant(s)

\_\_\_\_\_  
Date

**INSTRUCTIONS FOR A ZONING INTERPRETATION APPEAL APPLICATION**

1. ANSWER ALL QUESTIONS. Answers should be clear and contain all the necessary information. Use a separate sheet(s) of paper as necessary.
2. A fee per the FCPZ schedule of fees for a zoning appeal must be submitted with this application to cover the cost of necessary investigation, publication, mailing and processing procedures.
3. Where an appeal concerns a particular piece of property, a **Certified** Adjoining Property Owners List must be submitted with the application (*see forms below*). The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.



**Flathead County GIS**  
**800 South Main Street**  
**Kalispell, MT 59901**  
Phone (406) 758-5540  
Fax (406) 758-2139



**Certified Ownership List Request Form**

Must be filled out by the Planning Office, Surveyor, or Engineer

SUBJECT PROPERTY OWNER	
SUBJECT PROPERTY ASSESSOR #	
SUBJECT PROPERTY LEGAL DESCRIPTION	
SEC-TOWNSHIP-RANGE	
** BUFFER FOOTAGE	
CONTACT PERSON	
CONTACT PHONE #	
BILLING ADDRESS	
TODAYS DATE	
SPECIAL HANDLING INSTRUCTIONS	
PLANNER, SURVEYOR OR ENGINEER SIGNATURE	

**\*\*The buffer should be 150 ft. for all areas with the following exceptions: Administrative Conditional Use Permits, standard Conditional Use Permits, and Planned Unit Development (PUD) applications within the Lakeside Zoning District which require a 300 ft. buffer.**

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Orders can be submitted in the GIS office, via mail or email ([gis\\_ownership@flathead.mt.gov](mailto:gis_ownership@flathead.mt.gov)).  
Incomplete forms will not be accepted.

Certified Ownership List – completed within 1 week from receipt of payment	\$75.00
Certified Ownership List Rush – completed within 48 hours from receipt of payment	\$150.00



1035 First Ave West  
 Kalispell, MT 59901  
 OFFICE: 406.751.8200  
 FAX: 406.751.8210  
 EMAIL: [planningweb@flathead.mt.gov](mailto:planningweb@flathead.mt.gov)  
 WEB: [flathead.mt.gov/planning\\_zoning](http://flathead.mt.gov/planning_zoning)

## CUSTOMER SERVICE SURVEY

Our mission is to provide you with the best possible service. Please help us serve you and others better by taking a few minutes to answer the questions below. Our office genuinely appreciates your time and your feedback.

**What was the nature of your contact with us?** (Please check all that apply)

- ☐ General Information
- ☐ Permitting (Lakeshore, Floodplain, Zoning, Subdivision)
- ☐ Pre-application Conference
- ☐ Other \_\_\_\_\_

<b>Please Check as Appropriate:</b>					
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Comment</b>
Staff was courteous and helpful					
Staff provided accurate information to me					
Staff response was considerate of my time					
My overall experience was positive					
<b>Please complete the section below if your contact with us involved permitting:</b>					
The permitting process was understandable					
The regulations were understandable					
Application instructions were understandable					
Terms and conditions of the permit were understandable					

We provide opportunities for staff to be recognized for exemplary customer service. Please indicate the names of any staff person(s) you would like to commend:

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If you feel we fell short in meeting your service expectations, please describe the situation including the name of the staff person involved (if applicable) and the date the incident occurred:

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As a result of your experience with us, what service-related improvement(s) can you recommend?

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**Contact Information (Optional)**

Your name: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Date submitted: \_\_\_\_\_

**Please hand deliver, email, fax or mail form to:**

Flathead County Planning and Zoning  
1035 First Avenue West, Ste C200  
Kalispell, MT 59901  
Email: [Planning.Zoning@flathead.mt.gov](mailto:Planning.Zoning@flathead.mt.gov)  
Phone: (406) 751-8200  
Fax: (406) 751-8210

FLATHEAD COUNTY PLANNING AND ZONING

OFFICE: 406.751.8200 FAX: 406.751.8210

1035 First Ave West Kalispell, MT 59901

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